CLOSURE ASSESSMENT REPORT

USTB	**KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION**	*Mail completed form to:* **DIVISION OF WASTE MANAGEMENT** **UNDERGROUND STORAGE TANK BRANCH** **200 FAIR OAKS LANE, SECOND FLOOR** **FRANKFORT, KENTUCKY 40601** **(502) 564-5981** **http://waste.ky.gov/ust**	**FOR STATE USE ONLY**

Complete and return this form with all requested information within ninety (90) days of underground storage tank system closure.

GENERAL INFORMATION

OWNER NAME

MAILING ADDRESS

CITY STATE ZIP CODE

CONTACT PERSON

AREA CODE/TELEPHONE NUMBER

AGENCY INTEREST NUMBER

LATITUDE _____ LONGITUDE_____

SITE NAME

STREET, COUNTY ROAD, HIGHWAY, OR STATE ROAD

CITY STATE ZIP CODE

COUNTY

TANK SYSTEM INFORMATION

☐ UST Systems Permanently Closed ☐ Change in Service

☐ Piping Only Permanently Closed

☐ Removed from Ground ☐ Closed in Place Date: (mm/dd/yy)____ /____ /_____

Contractor who Permanently Closed Tank System:_____ Certified Remover #_____

CLOSURE INFORMATION REQUESTED
(Tank numbers listed on this form shall coincide with the tank numbers listed on the UST Facility Registration form.)

EXCAVATION CONDITION

PIT NUMBER	TANK NUMBER	SIZE IN GALLONS	DATE INSTALLED	LIST ALL CONTENTS EVER STORED IN TANK AND PIPING SYSTEM	PREVIOUSLY REGISTERED TANK		FREE PRODUCT		NOTABLE ODOR		VISIBLE SOIL CONTAMINATION	
					YES	NO	YES	NO	YES	NO	YES	NO

CERTIFICATION

Under the requirements of KRS Chapter 322 and 322A, this Closure Assessment Report shall be completed and signed by a PE licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a PG registered with the Kentucky Board of Registration for Professional Geologists.

I, THE UNDERSIGNED, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.

Name and Title (Type or Print): _____

Signature/Date: _____

License/Registration Number, Date and Seal: _____

SEAL

CLOSURE ASSESSMENT REPORT

SITE NAME:_____ **AGENCY INTEREST #:**_____

TANK#_____ PIT#_____ Tank contents present at time of closure activities: YES____ NO____ Volume in gallons:_____
Method of Tank Contents Removal:_____
Disposal, Recycling, or Treatment location:_____ Receipt: YES_____ NO_____

Residual Tank Materials: YES_____ NO_____ Analyzed for TCLP: YES_____NO_____ Declared Hazardous: YES_____ NO_____
Analytical Method(s): _____ COC_____ Volume in gallons:_____
Disposal, Recycling or Treatment Location:_____EPA ID#_____
Receipt or Manifest signed by a representative of receiving facility: YES_____ NO_____

Cleaning liquids/materials: YES_____ NO_____ Analyzed for TCLP: YES_____ NO_____ Declared Hazardous: YES_____NO_____
Analytical Method(s): _____ COC_____ Volume in gallons:_____
Disposal Location:_____ EPA ID#_____
Residual tank material combined with cleaning liquid/materials for disposal check here YES__ NO__
Manifest signed by a representative of receiving facility: YES____ NO____
Certification of Properly Cleaned USTs (DEP5039): YES____ NO_____

Disposal location for tank and/or piping:_____ Receipt: YES____ NO____
For closed in place, inert material used to fill tank and/or piping _____ Removed Underground Storage Tank(s) Bill of Sale: YES____ NO____

TANK#_____ PIT#_____ Tank contents present at time of closure activities: YES____ NO____ Volume in gallons:_____
Method of Tank Contents Removal:_____
Disposal, Recycling, or Treatment location:_____ Receipt: YES_____ NO_____

Residual Tank Materials: YES_____ NO_____ Analyzed for TCLP: YES_____NO_____ Declared Hazardous: YES_____ NO_____
Analytical Method(s): _____ COC_____ Volume in gallons:_____
Disposal, Recycling or Treatment Location:_____EPA ID#_____
Receipt or Manifest signed by a representative of receiving facility: YES_____ NO_____

Cleaning liquids/materials: YES_____ NO_____ Analyzed for TCLP: YES_____ NO_____ Declared Hazardous: YES_____NO_____
Analytical Method(s): _____ COC_____ Volume in gallons:_____
Disposal Location:_____ EPA ID#_____
Residual tank material combined with cleaning liquid/materials for disposal check here YES__ NO__
Manifest signed by a representative of receiving facility: YES____ NO____ Certification of Properly Cleaned USTs (DEP5039): YES____ NO_____

Disposal location for tank and/or piping:_____ Receipt: YES____ NO____
For closed in place, inert material used to fill tank and/or piping _____ Removed Underground Storage Tank(s) Bill of Sale: YES____ NO____

TANK#_____ PIT#_____ Tank contents present at time of closure activities: YES____ NO____ Volume in gallons:_____
Method of Tank Contents Removal:_____
Disposal, Recycling, or Treatment location:_____ Receipt: YES_____ NO_____

Residual Tank Materials: YES_____ NO_____ Analyzed for TCLP: YES_____NO_____ Declared Hazardous: YES_____ NO_____
Analytical Method(s): _____ COC_____ Volume in gallons:_____
Disposal, Recycling or Treatment Location:_____EPA ID#_____
Receipt or Manifest signed by a representative of receiving facility: YES_____ NO_____

Cleaning liquids/materials: YES_____ NO_____ Analyzed for TCLP: YES_____ NO_____
Declared Hazardous: YES_____ NO_____
Analytical Method(s): _____ COC_____ Volume in gallons:_____
Disposal Location:_____ EPA ID#_____
Residual tank material combined with cleaning liquid/materials for disposal check here YES__ NO__ Manifest signed by a representative of receiving facility: YES____ NO____ Certification of Properly Cleaned USTs (DEP5039): YES_____ NO_____

Disposal location for tank and/or piping:_____ Receipt: YES____ NO____
For closed in place, inert material used to fill tank and/or piping _____ Removed Underground Storage Tank(s) Bill of Sale: YES____ NO____

TANK#_____ PIT#_____ Tank contents present at time of closure activities: YES____ NO____ Volume in gallons:_____
Method of Tank Contents Removal:_____
Disposal, Recycling, or Treatment location:_____ Receipt: YES_____ NO_____

Residual Tank Materials: YES_____ NO_____ Analyzed for TCLP: YES_____NO_____ Declared Hazardous: YES_____ NO_____
Analytical Method(s): _____ COC_____ Volume in gallons:_____
Disposal, Recycling or Treatment Location:_____EPA ID#_____
Receipt or Manifest signed by a representative of receiving facility: YES_____ NO_____

Cleaning liquids/materials: YES_____ NO_____ Analyzed for TCLP: YES_____ NO_____
Declared Hazardous: YES_____ NO_____
Analytical Method(s): _____ COC_____ Volume in gallons:_____
Disposal Location:_____ EPA ID#_____
Residual tank material combined with cleaning liquid/materials for disposal check here YES__ NO__
Manifest signed by a representative of receiving facility: YES____ NO____
Certification of Properly Cleaned USTs (DEP5039): YES_____ NO_____

Disposal location for tank and/or piping:_____ Receipt: YES____ NO____
For closed in place, inert material used to fill tank and/or piping _____ Removed Underground Storage Tank(s) Bill of Sale: YES____ NO____

CLOSURE ASSESSMENT REPORT

AGENCY INTEREST#:_____ SITE NAME:_____ PIT #:_____

Analytical Method(s) for Soil Analysis:_____ Class:_____ Table or Matrix:_____

SOIL SCREENING LEVELS (Determined through Classification)	B	T	E	X	C-PAH	B(a)A	N-PAH	NAP	Ch	LEAD

If Class IV: Depth to groundwater: _____ Soil Type:_____

IN COLUMNS, PROVIDE ACTUAL ANALYTICAL RESULTS FOR WALLS, BOTTOM, PIPING TRENCH, BACKGROUND AND EXCAVATED MATERIAL SAMPLES FOR THE MOST RECENT SAMPLING DATE:

SAMPLING LOCATION	B	T	E	X	C-PAH	B(a)A	N-PAH	NAP	Ch	LEAD	DATE COLLECTED
North											
South											
East											
West											
Bottom											
Piping Trench											
Excavated Material											

CLOSURE ASSESSMENT REPORT

AGENCY INTEREST#:_____ SITE NAME:_____ PIT #:_____

Photographs of domestic-use wells, domestic-use springs, or domestic-use cisterns provided: YES _____ NA_____

Depth to bedrock: _____ft. Pit dimensions: (length) _____ft. (width) _____ft. (depth) _____ft. Pit blasted/hoe-rammed into bedrock: YES___ NO _____

Total piping trench(es) dimensions: (length) _____ ft. (width) _____ft. (depth) _____ft. All piping contained within tank pit excavation: YES____ NO_____

Piping trench blasted/hoe-rammed into bedrock: YES_____ NO _____ Individual piping run replaced within the same trench: YES_____ NO _____

Volume of backfill material excavated from within the excavation zone (cubic yards): _____

Permitted disposal or treatment facility for soils: _____

Soil Disposal Receipt/Manifest Summary: YES_____ NO_____

Water in excavation or closed-in-place borings: YES_____ NO_____

Water in excavation or closed-in-place borings pumped: YES_____ NO_____

Water in excavation or closed-in-place borings recharged: YES_____ NO_____

Water in excavation absorbed into backfill: YES_____ NO_____

Quantity of water in excavation or closed-in-place borings _____

Disposal or treatment location for water:_____ Receipt: YES_____ NO_____

Permit: YES_____ NO_____

If not disposed or treated, explain:_____

GROUNDWATER SCREENING LEVELS (Determined through Classification)	B	**T**	**E**	**X**	**C-PAH**	**N-PAH**	**LEAD**	**NAP**

CLOSURE ASSESSMENT REPORT

AGENCY INTEREST#:_____ SITE NAME:_____ PIT #:_____

COMPLETE THE FOLLOWING INFORMATION FOR ALL GROUNDWATER OR PIT WATER ANALYZED.

SAMPLING LOCATION	B	T	E	X	C-PAH	N-PAH	LEAD	NAP	MTBE	DATE COLLECTED
Water within the excavation zone or closed-in-place borings										
Water within the excavation zone or closed-in-place borings sampled after recharge										
Domestic-use water source										
Additional Domestic-use water source										
Trip Blank										

Analytical Method(s) for Water Analysis:_____

CLOSURE ASSESSMENT REPORT

AGENCY INTEREST#:_____ SITE NAME:_____ PIT #:_____

OPTIONAL SOIL REMOVAL OUTSIDE OF THE EXCAVATION ZONE

Was optional soil removal outside the excavation zone performed: YES_____ NO _____

Pit dimensions after optional soil removal: (length) _____ft. (width) _____ft. (depth) _____ ft.

Piping trench dimensions after optional soil removal: (length) _____ft. (width) _____ft. (depth) _____ ft.

Amount of soils excavated outside of the excavation zone: Cubic Yards: _____ Tons: _____

Permitted disposal or treatment facility for soils: _____

Soil Disposal Receipt/Manifest Summary: YES_____ NO_____

Water encountered during option soil removal activities, which would require pumping to allow for further over-excavation: YES_____ NO_____

Amount of water removed as a single event (up to one pit volume): _____ gallons

Disposal or treatment location for water:_____

Water Disposal Receipt/Manifest: YES_____ NO_____

Note: In accordance with Section 6 of the Closure Outline, optional soil removal at the time of permanent closure shall cease upon encountering water that would require pumping more than one pit volume during a single event to allow for further over-excavation.

IN COLUMNS, PROVIDE ACTUAL ANALYTICAL RESULTS FOR REQUIRED CONFIRMATORY SAMPLING RELATED TO OPTIONAL SOIL REMOVAL OUTSIDE OF THE EXCAVATION ZONE

SAMPLING LOCATION	B	T	E	X	C-PAH	B(a)A	N-PAH	NAP	Ch	LEAD	DATE COLLECTED